

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/522203											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
		Filing			\$						
		Amendment			\$						
		Extension of Time			\$						
		Notice of Appeal/Appeal			\$						
		Petition			\$						
		Issue			\$						
		Cert of Correction/Terminal Disc.			\$						
		Maintenance			\$						
		Assignment			\$						
Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		TITLE: _____									
SIGNATURE: _____		Adjustment Date: 08/01/2005 PKIDWELL 01/31/2005 GFREY1 00000144 141270 10522283 PHONE: 508.00 CR									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: